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**Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e))

OMB No. 1545-0087

**2011**

Department of the Treasury  
Internal Revenue Service

For calendar year 2011 or other tax year beginning 05/01, 2011, and ending 04/30, 2012. See separate instructions

Open to Public Inspection for 501(c)(3) Organizations Only

**A**  Check box if address changed

**B** Exempt under section  
 501(c)(3)  220(e)  408A  530(a)  529(a)

**C** Book value of all assets at end of year

**D** Employer identification number (Employees' trust, see instructions) 59-6014973

**E** Unrelated business activity codes (See instructions) 621500 812900

**F** Group exemption number (See instructions) 2242344000

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

Name of organization (  Check box if name changed and see instructions )  
 SOUTH BROWARD HOSPITAL DISTRICT  
 D/B/A MEMORIAL HEALTHCARE SYSTEM

Number, street, and room or suite no. If a P O box, see instructions  
 3501 JOHNSON STREET

City or town, state, and ZIP code  
 HOLLYWOOD, FL 33021

**H** Describe the organization's primary unrelated business activity OPERATION OF FITNESS CENTERS

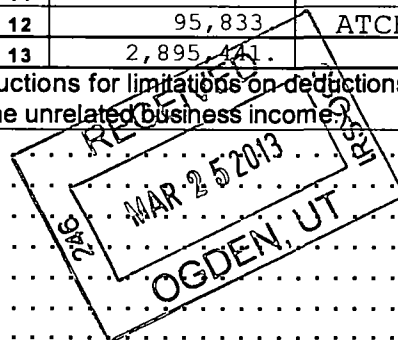
**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation

**J** The books are in care of ANA RANDIN Telephone number 954-265-5103

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>2,794,747.</u>			
b	Less returns and allowances			
c	Balance <u>▶</u>	<u>2,794,747.</u>		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit Subtract line 2 from line 1c	<u>2,794,747.</u>		<u>2,794,747.</u>
4a	Capital gain net income (attach Schedule D)			
4b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)	<u>4,861.</u>	<u>ATCH 1</u>	<u>4,861.</u>
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions, attach schedule)	<u>95,833</u>	<u>ATCH 2</u>	<u>95,833.</u>
13	Total. Combine lines 3 through 12	<u>2,895,441.</u>		<u>2,895,441.</u>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			<u>1,348,076.</u>
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule)			
19	Taxes and licenses			<u>98,013.</u>
20	Charitable contributions (See instructions for limitation rules)			
21	Depreciation (attach Form 4562)	<u>161,546.</u>		
22	Less depreciation claimed on Schedule A and elsewhere on return			
22a				<u>161,546.</u>
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			<u>174,416.</u>
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule) <u>ATTACHMENT 3</u>			<u>1,152,717.</u>
29	Total deductions. Add lines 14 through 28			<u>2,934,768.</u>
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13			<u>-39,327.</u>
31	Net operating loss deduction (limited to the amount on line 30)			
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30			<u>-39,327.</u>
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			<u>-39,327.</u>



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Part III Tax Computation

Table with 3 columns: Description, Amount, and Line Number. Rows include Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 3 columns: Description, Amount, and Line Number. Rows include Foreign tax credit, Other credits, General business credit, Total credits, Subtract line 40e from line 39, Other taxes, Total tax, Payments, Total payments, Estimated tax penalty, Tax due, Overpayment, and Enter the amount of line 48.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, and No. Questions include interest in foreign country, distribution from foreign trust, and tax-exempt interest received.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 3 columns: Description, Amount, and Yes/No. Rows include Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, Total, and Do the rules of section 263A apply?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (Matthew J. Lynch), Date (3/13/17), Title (EVP CFO). Box: May the IRS discuss this return with the preparer shown below (see instructions)? Yes [X] No [ ]

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no. Includes Jennifer L. Lynch, ERNST & YOUNG U.S. LLP, 111 MONUMENT CIRCLE, STE 2600.

INDIANAPOLIS, IN 46204

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

**Schedule E - Unrelated Debt-Financed Income (see instructions)**

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8 . . . . . ▶				

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals . . . . . ▶			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)**

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

**Schedule J - Advertising Income (see instructions)**

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b> . . . ▶						

**Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5)</b> . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)**

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)			%
(2)			%
(3)			%
(4)			%
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

**Schedule K-1  
(Form 1065)**

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

PREMIER PURCHASING PARTNERS, L.P.

4,861.

INCOME (LOSS) FROM PARTNERSHIPS

4,861.

ATTACHMENT 2

PART I - LINE 12 - OTHER INCOME

PET SCANNER REVENUE

95,833.

PART I - LINE 12 - OTHER INCOME

95,833.



ATTACHMENT 3FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

OVERHEAD ALLOCATION	387,199.
RENT	262,849.
PURCHASED SERVICES	213,301.
FACILITIES	174,459.
SUPPLIES	63,193.
DIRECT LAB EXPENSES	49,519.
OTHER EXPENSES	2,197.
 PART II - LINE 28 - OTHER DEDUCTIONS	 <u>1,152,717.</u>

SOUTH BROWARD HOSPITAL DISTRICT  
d/b/a MEMORIAL HEALTHCARE SYSTEM  
EIN: 59-6014973  
FYE: 4/30/2012

FORM 990-T, PART II, LINE 31: ALLOWABLE NET OPERATING LOSS DEDUCTION

<u>NOL CARRYFORWARD</u>	<u>CARRYOVER AMOUNT</u>	<u>AMOUNT UTILIZED</u>	<u>AMOUNT AVAILABLE FOR CARRYOVER</u>
FYE APRIL 30, 1999	6,107,308	-	6,107,308
FYE APRIL 30, 2000	167,927	-	167,927
FYE APRIL 30, 2001	390,151	-	390,151
FYE APRIL 30, 2002	319,710	-	319,710
FYE APRIL 30, 2003	560,499	-	560,499
FYE APRIL 30, 2004	617,315	-	617,315
FYE APRIL 30, 2005	816,768	-	816,768
FYE APRIL 30, 2006	847,240	-	847,240
FYE APRIL 30, 2007	853,431	-	853,431
FYE APRIL 30, 2008	512,030	-	512,030
FYE APRIL 30, 2009	441,031	-	441,031
FYE APRIL 30, 2010	329,753	-	329,753
FYE APRIL 30, 2011	149,551	-	149,551
	<u>12,112,714</u>	<u>          </u>	<u>12,112,714</u>
 <u>CURRENT YEAR LOSS</u>			
FYE APRIL 30, 2012			39,327
CARRYFORWARD TO APRIL 30, 2013			<u><u>12,152,041</u></u>

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LINE 20 - OTHER INFORMATION

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V UNRELATED BUSINESS TAXABLE INCOME

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FROM TRADE\BUSINESS

4,861.

TOTAL BOX V

-----  
4,861.  
=====

PARTNER FOOTNOTES

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THE PARTNERS' CAPITAL ACCOUNTS ARE, AND HAVE HISTORICALLY BEEN, PREPARED ON A BOOK (GAAP) BASIS ADJUSTED BY ANY NOTES PAYABLE TO THE PARTNERSHIP BY THE PARTNER IF APPLICABLE. PLEASE CONSULT YOUR TAX ADVISOR.

THE AMOUNTS REPORTED ON SUPPORTING SCHEDULE K-1, REPRESENT EACH PARTNER'S SHARE OF UNRELATED BUSINESS INCOME BASED ON THE ALLOCATION OF INCOME RESULTING FROM PURCHASES BY NON-PREMIER PURCHASING PARTNERS, L. P. PARTNERS. THE INCOME IS COMPUTED BY TAKING GROSS REVENUE FOR NON-PARTNER AND NON-RELATED PARTNER NET OF DIRECT EXPENSES LESS PROPORTIONATE SHARE OF INDIRECT EXPENSES. PLEASE CONSULT YOUR TAX ADVISOR.

PARTNER FOOTNOTES NOT INCLUDED IN ITEM L

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APPORTIONED CALIFORNIA AMOUNT

6.

APPORTIONED NORTH CAROLINA AMOUNT

4,765.

**Alternative Minimum Tax - Corporations**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.  
▶ Attach to the corporation's tax return.

**2011**

Name <b>SOUTH BROWARD HOSPITAL DISTRICT MEMORIAL HEALTHCARE SYSTEM</b>	Employer identification number <b>59-6014973</b>
----------------------------------------------------------------------------	-----------------------------------------------------

**Note:** See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e)

<b>1</b> Taxable income or (loss) before net operating loss deduction . . . . .		<b>1</b>	-39,237.
<b>2 Adjustments and preferences:</b>			
<b>a</b> Depreciation of post-1986 property . . . . .		<b>2a</b>	
<b>b</b> Amortization of certified pollution control facilities . . . . .		<b>2b</b>	
<b>c</b> Amortization of mining exploration and development costs . . . . .		<b>2c</b>	
<b>d</b> Amortization of circulation expenditures (personal holding companies only) . . . . .		<b>2d</b>	
<b>e</b> Adjusted gain or loss . . . . .		<b>2e</b>	
<b>f</b> Long-term contracts . . . . .		<b>2f</b>	
<b>g</b> Merchant marine capital construction funds . . . . .		<b>2g</b>	
<b>h</b> Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) . . . . .		<b>2h</b>	
<b>i</b> Tax shelter farm activities (personal service corporations only) . . . . .		<b>2i</b>	
<b>j</b> Passive activities (closely held corporations and personal service corporations only) . . . . .		<b>2j</b>	
<b>k</b> Loss limitations . . . . .		<b>2k</b>	
<b>l</b> Depletion . . . . .		<b>2l</b>	
<b>m</b> Tax-exempt interest income from specified private activity bonds . . . . .		<b>2m</b>	
<b>n</b> Intangible drilling costs . . . . .		<b>2n</b>	
<b>o</b> Other adjustments and preferences . . . . .		<b>2o</b>	
<b>3</b> Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o . . . . .		<b>3</b>	-39,327.
<b>4 Adjusted current earnings (ACE) adjustment:</b>			
<b>a</b> ACE from line 10 of the ACE worksheet in the instructions . . . . .	<b>4a</b>		-39,327.
<b>b</b> Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions) . . . . .	<b>4b</b>		
<b>c</b> Multiply line 4b by 75% (.75). Enter the result as a positive amount . . . . .	<b>4c</b>		
<b>d</b> Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). <b>Note:</b> You <i>must</i> enter an amount on line 4d (even if line 4b is positive) . . . . .	<b>4d</b>		
<b>e</b> ACE adjustment • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount } . . . . .		<b>4e</b>	
<b>5</b> Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT. . . . .		<b>5</b>	-39,327.
<b>6</b> Alternative tax net operating loss deduction (see instructions) . . . . .		<b>6</b>	
<b>7</b> Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions . . . . .		<b>7</b>	-39,327.
<b>8 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):</b>			
<b>a</b> Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- . . . . .	<b>8a</b>		NONE
<b>b</b> Multiply line 8a by 25% (.25) . . . . .	<b>8b</b>		NONE
<b>c</b> Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- . . . . .		<b>8c</b>	40,000.
<b>9</b> Subtract line 8c from line 7. If zero or less, enter -0- . . . . .		<b>9</b>	NONE
<b>10</b> Multiply line 9 by 20% ( .20) . . . . .		<b>10</b>	NONE
<b>11</b> Alternative minimum tax foreign tax credit (AMTFTC) (see instructions) . . . . .		<b>11</b>	
<b>12</b> Tentative minimum tax. Subtract line 11 from line 10. . . . .		<b>12</b>	NONE
<b>13</b> Regular tax liability before applying all credits except the foreign tax credit . . . . .		<b>13</b>	NONE
<b>14</b> Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return . . . . .		<b>14</b>	NONE

For Paperwork Reduction Act Notice, see the instructions.

Form **4626** (2011)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment  
Sequence No **179**

Name(s) shown on return

Identifying number

**SOUTH BROWARD HOSPITAL DISTRICT**

**59-6014973**

Business or activity to which this form relates

**GENERAL DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note: If you have any listed property, complete Part V before you complete Part I.**

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13	

**Note: Do not use Part II or Part III below for listed property. Instead, use Part V**

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	161,546.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

**Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	161,546.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)**

24a Do you have evidence to support the business/investment use claimed?		Yes	<input checked="" type="checkbox"/> No	24b If "Yes," is the evidence written?		Yes	<input checked="" type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . . 25								
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 . . . . .							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 . . . . .							29	

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles) . . . . .												
31 Total commuting miles driven during the year . . . . .												
32 Total other personal (noncommuting) miles driven . . . . .												
33 Total miles driven during the year Add lines 30 through 32 . . . . .												
34 Was the vehicle available for personal use during off-duty hours? . . . . .												
35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
36 Is another vehicle available for personal use? . . . . .												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		<input checked="" type="checkbox"/>
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		<input checked="" type="checkbox"/>
39 Do you treat all use of vehicles by employees as personal use? . . . . .		<input checked="" type="checkbox"/>
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		<input checked="" type="checkbox"/>
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		<input checked="" type="checkbox"/>

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year . . . . .					43
44 Total. Add amounts in column (f) See the instructions for where to report . . . . .					44